

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

PART 1 – TRAINING AND EXPERIENCE

NOTE: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation of Iowa Administrative Code (IAC) 641-41.2(65) through 641-41.2(82) as applicable.

1. NAME OF PROPOSED AUTHORIZED USER, RADIATION SAFETY OFFICER, MEDICAL PHYSICIST, OR NUCLEAR PHARMACIST:

2. FOR PHYSICIANS OR PHARMACIST, STATE OR TERRITORY WHERE LICENSED:

3. CERTIFICATION

- a. Provide a copy of the board certification.
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 41.2(65) "e", 41.2(68) "c" (1) 2, 41.2(69) "b" (1) 1 and 2, 41.2(72) "c", 41.2(73) "c", or 41.2(74) "c".
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 641-41.2 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICIST (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by a RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 41.2(65) "c" (2) or 41.2(65) "e"; or AU in 41.2(68) "c" (1) 2, 41.2(69) "b" (1) 1 and 2, 41.2(72) "c" or 41.2(73) "c"; or AMP under 41.2(74) "c".
- c. Complete items 5, 6a, 6b, 10 and Preceptor items 11a through 11d to meet AU requirements in 41.2(69) "b" (1) 1 and 2 for training in the parenteral administration of unsealed radiopharmaceuticals required a written directive.

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Radioactive Material for Medical Use			
Other			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6c. TRAINING FOR SECTIONS 41.2(65) "e", 41.2(72) "c", 41.2(73) "c", or 41.2(74) "c"**

Training Element	Type of Training *	Location and Dates

Types of training may include supervised [complete item 10 for 41.2(65) "e", 41.2(73) "c" and 41.2(74) "c"], didactic, or vendor training.

7. FORMAL TRAINING Physicians [for uses under 41.2(43) and 41.2(49)] and Medical Physicists

Degree, Area of Study Or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation [e.g., 641-41.2(70)]

8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision of
☐ N/A _____ the RSO for License No. _____.

9. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in medical physics [41.2(74)] under the
☐ N/A supervision of _____ who meets the requirements for Authorized Medical
 Physicists [41.2(74)].

and

- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for
☐ N/A for topics identified in item 6a) for (specify use or device) _____
 under the supervision of _____ who meets the requirements for
 Authorized Medical Physicists [41.2(74)] (specify use or device) _____.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**10. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS**

The training and experience indicated above was obtained under the supervision of *(if more than one supervising individual is needed to meet requirements in IAC 641-41.2(136C), provide the following information for each):*

A.	Name of Supervisor _____	B.	Supervisor is: <input type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Authorized Nuclear Pharmacist
C.	Supervisor meets requirements of IAC 641-41.2(136C), Section(s) _____ for medical uses in IAC 641-41.2(136C), Section(s) _____			
D.	Address _____	E.	Materials License Number _____	

PART II – PRECEPTOR ATTESTATION

Note: *This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.*

I attest the individual named in Item 1:

11a.

☐ has satisfactorily completed the requirements in IAC 641-41.2(136C), Section(s) and Paragraph(s) _____
as documented in section(s) _____ of this form.

11b. Select One:

☐ meets the requirements in ☐ 41.2(65) "e" ☐ 41.2(69) "b" (1) 1 and 2 ☐ 41.2(73) "c" ☐ 41.2(74) "c" for _____
☐ N/A as documented in section(s) _____ of this form.

11c.

☐ has achieved a level of competency sufficient to independently operate a nuclear pharmacy 41.2(78); **or**
☐ has achieved a level of competency sufficient to function independently as an authorized (AU or AMP)
 _____ for _____ uses (or units); **or**
☐ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer
 for a medical licensee.

11d.

☐ I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**
☐ I meet the requirements of _____ section(s) of IAC 641-41.2(136C) or
 equivalent NRC or Agreement State requirements to be a preceptor ☐ AU or ☐ AMP for the following radioactive
 material uses (or units): _____

A.	Address _____	B.	Material License Number _____
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C. Name of Preceptor (<i>print clearly</i>)	D. Signature – Preceptor	E. Date
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